

# Utah State Hospital Policies and Procedures Clinical Dietetics

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DIETETIC SERVICES--USHOPP

## **SECTION 1: STAFFING OF CLINICAL SERVICES**

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- 1.2 Staff Dietitian
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## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

Reports to: Director Support Services

Date Reviewed/Revised: 2/95, 5/98, 6/01

Department: Support Services Division: Food Services

POSITION PURPOSE: The Dietitian is responsible for the nutritional aspects of patient care to assure adequate and appropriate nutritional care to all USH patients.

NATURE AND SCOPE: The Food Service Department is part of a state mental hospital which provides care for children, adolescents, adults and geriatric patients (including adult forensic patients).

### EDUCATIONAL REQUIREMENTS:

Minimum qualifications:

1. A current Utah State Certification as a Dietitian.
2. Registered by the Commission on Dietetic Registration of the American Dietetic Association (ADA)

### PRINCIPLE DUTIES AND RESPONSIBILITIES:

- I. Patient Services:
  - A. Monitors meal service for quality and accuracy of regular and modified diets.
  - B. Nutritional assessments and consultation; development, implementation and review of nutritional care plans for patients on therapeutic diets or at nutritional risk and documentation of such services provided.
  - C. Maintain a controlled nourishment program which adheres to both patient and budgetary requirements.
  - D. Provide inservices for food service, personnel, nursing and unit psych . techs and patient groups as needed.
  - E. Supervises, trains, and evaluates the staff dietitians, diet technicians, diet cooks, and cafeteria line servers.
  - F. Maintains continuous quality improvement procedures.
2. Operations:
  - A. Diet office:
    1. Maintain Kardexes and diet manual.
    2. Maintains an efficient program of documentation and

communication of modified diets and diet changes.

- B. Approves all menus. Plans menu for all special diets according to approved diet manual.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 1: Staffing of Clinical Services**

#### CHIEF CLINICAL DIETITIAN

- C. Meetings:
  - 1. Clinical Services (as needed)
  - 2. Nursing meetings (as needed)
  - 3. Ward staff meetings (when requested)
  - 4. Pharmacy and Therapeutic committee meeting (as needed)
- D. Develop and maintain a quality assurance program for Clinical Dietetic Services.
- E. Evaluation of dietetic services provided.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 1: Staffing of Clinical Services**

#### **SUB SECTION 1: JOB DESCRIPTIONS**

##### 1.1.1: QUALIFICATIONS OF CHIEF CLINICAL DIETITIAN

DATE REVISED OR REVIEWED: 9/87, 2/89, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

POLICY: Any dietitian employed by the Hospital shall be certified in the state of Utah and registered by the Commission on Dietetic Registration of the American Dietetic Association and shall have sufficient continuing education to maintain registration status. College graduates completing an approved dietetic program who are eligible for registration may underfill as a dietitian for six months, but must be registered by their six month review.

PURPOSE: To assure adequate qualifications of any dietitian employed by the Hospital.

PROCEDURE: At the time of interview prior to hiring, a dietitian must show evidence of registration or registration eligibility.

Each dietitian will keep documentation of certification, registration, continuing education credits, or eligibility for registration in their personnel file .

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 1: Staffing of Clinical Services**

#### **SUB SECTION 1: JOB DESCRIPTIONS**

Reports to: Chief Clinical Dietitian

Date Reviewed/Revised: 2/95, 5/98, 6/01

Department: Support Services Division: Food Services

##### POSITION PURPOSE:

The Dietitian is responsible for the nutritional aspects of patient care in assigned units to assure adequate and appropriate nutritional care to those USH patients.

##### NATURE AND SCOPE:

The Food Service Department is located in a state mental hospital which provides care for children, adolescents, adults and geriatric patients (including adult forensic patients). The staff dietitian may be assigned any of these units.

##### PROFESSIONAL REQUIREMENTS:

Minimum qualifications:

1. At six month review: Must be registered by the Commission on Dietetic Registration of the ADA and have obtained current Utah State Certification.

##### PRINCIPLE DUTIES AND RESPONSIBILITIES:

- I. Patient Services:
  - A. Monitors meal service for quality and accuracy of regular and modified diets.
  - B. Nutritional assessments and consultation; development, implementation and review of nutritional care plans for patients on therapeutic diets or at nutritional risk and documentation of such services provided.
  - C. Assist in the maintenance of a controlled nourishment program which adheres to both patient and budgetary requirements.
  - D. Provide inservices for food service personnel, unit staff, and patient groups as needed.
  - E. May train diet cook, and cafeteria line servers.
2. Operations:
  - A. Diet office- contributes to the following:
    - I. Maintain Kardexes and diet manual.

2. Maintains an efficient program of documentation and communication of modified diets and diet changes.
- B. May approve all menus. Plans menu for all special diets according to approved diet manual.
- C. Meetings:
  1. Ward staff meetings (when requested)
  2. Clinicals (when requested)
  3. Food production meeting (as needed)
  4. Meetings as assigned in place of the Chief clinical dietitian.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 1: Staffing of Clinical Services**

#### **SUB SECTION 1: JOB DESCRIPTIONS**

##### 1.2.1 QUALIFICATIONS OF STAFF DIETITIAN

DATE REVISED OR REVIEWED: 9/87, 2/89, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01  
POLICY:

Any dietitian employed by the Hospital shall be certified in the state of Utah and registered by the Commission on Dietetic Registration of the American Dietetic Association and shall have sufficient continuing education to maintain registration status. College graduates completing an approved dietetic program who are eligible for registration may underfill as a dietitian for six months, but must be registered by their six month review.

##### PURPOSE:

To assure adequate qualifications of any dietitian employed by the Hospital.

##### PROCEDURE

At the time of interview prior to hiring, a dietitian must show evidence of registration or registration eligibility.

Each dietitian will keep documentation of certification, registration, continuing education credits, or eligibility for registration in their file in foodservice.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 1: Staffing of Clinical Services**

#### **SUB SECTION 1: JOB DESCRIPTIONS**

DATE REVISED OR REVIEWED: September, 1987 2/89, 11/90, 3/91, 1/92, 3/93, 9/94, 2/95, 5/98, 6/01

POLICY: THE DIET TECHNICIAN'S RESPONSIBILITIES ARE AS FOLLOWS:

1. Supervise meal service of diets, particularly for accuracy of special diets.
2. Conducts an initial nutritional screen on all new patient admissions. The Diet Tech uses risk parameters to determine if a patient should be referred to the dietitian for a more in depth assessment. A Diet Tech may complete a Nutritional Assessment or Diet Consult as assigned by a dietitian.
3. Reviews patient chart, obtaining information necessary to assist the dietitian in assessing the nutritional status of patient.
4. Spot checks diet cook's work to ensure procedures and diets are being followed appropriately.
5. Assists in maintaining good sanitation and safety procedures within the kitchen.
6. Responsible for instructing patients on certain specified diets as determined by the dietitian and for charting accurately in the medical record.
7. Distributes and collects the monthly food service questionnaires, as needed
8. Completes follow-up evaluation and charting on assigned patients.
9. Performs quality assurance duties as assigned by the dietitians and Food Service Supervisor.
10. Prints and distributes diet reports and labels.
11. Modifies diet menus, inputs diet production numbers, teaches nutrition groups or inservices as assigned by a dietitian.
12. Attends production meeting to communicate vital information to kitchen staff as needed.
13. Other duties as assigned by the dietitian.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 1: Staffing of Clinical Services**

#### **SUB SECTION 1: JOB DESCRIPTIONS**

##### 1.3.1 QUALIFICATIONS OF DIET TECHNICIAN

DATE ISSUED: 9/88    DATE REVISED OR REVIEWED: 2/89, 11/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

##### POLICY:

The Diet Technician must have, as a minimal education requirement, the 90 hour Food Service Supervisors Course available and taught at the Community Colleges in Utah. The dietitian shall provide orientation and training of the diet technicians in USH policies and procedures.

##### PURPOSE:

To assure the diet technician has training, dietetic knowledge and skills to perform job responsibilities, including the ability to write in patients charts.

##### PROCEDURE:

The diet technician shall not conduct clinical dietetic services without supervision until he/she demonstrates adequate knowledge and skills for the specific type of service.

Documentation of education or specialized training of each diet technician shall be kept in the food service secretary personnel file.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 1: Staffing of Clinical Services Section**

#### **SUB SECTION 1: JOB DESCRIPTIONS**

DATE ISSUED: 9/88      DATE REVISED OR REVIEWED: 2/89, 3/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

##### POLICY:

The training of dietetic students is provided only for those in American Dietetic Association accredited programs.

##### PURPOSE:

To assure dietetic training is provided only to those students who may be eligible to take the registration exam.

##### PROCEDURE:

1. USH dietitians shall provide education and training for dietetic students who are in an ADA accredited program.
2. The director of the program shall contact the USH dietitian prior to visitation by the dietetic student and shall arrange with the dietitian when the dietetic student(s) will be coming to the hospital and hours per day the student is to be at the hospital.
3. The director shall also give objectives to be achieved by the dietetic student during the period at USH.
4. All dietetic students shall be directly supervised by the dietitian when performing any patient care activities.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 1: Staffing of Clinical Services**

#### **SUB SECTION 2: Clinical Dietetics Facilities**

DATE ISSUED 9/84 DATE REVISED OR REVIEWED: 9/85, 9/86, 9/87, 2/89, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

##### POLICY:

Adequate office space and office hours will be provided for patients to ensure private consultation with the dietitian.

##### PURPOSE:

To provide adequate space and time for the dietitian to be able to instruct patients with special dietary needs. The dietitian is available for consultation in the Rampton building at scheduled times.

##### PROCEDURE:

Nursing service may arrange an appointment with the dietitian between the hours of 8:00 AM and 3:00 PM.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 1: Staffing of Clinical Services**

#### **SUB SECTION 2: Clinical Dietetics Facilities**

DATE ISSUED 9/84 DATE REVISED/ REVIEW: 9/85, 9/86, 9/87, 2/89, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

##### POLICY:

Food Service will maintain a library of nutrition reference publications.

##### PURPOSE:

To provide current reference information so the dietitian may provide nutritional therapies in line with current scientific research.

##### PROCEDURE:

- I. The dietitian and Director of Support Services are responsible for assessing reference material needs in the area of clinical dietetics and the purchasing of new materials.
2. The reference materials are located in the Chief Clinical Dietitians' office and available to all dietetic personnel.
3. Food Service has the following publications:

##### **GENERAL MEDICAL:**

-Taber's Cyclopedic Medical Dictionary, 17th Edition, 1993

##### **PSYCHIATRIC:**

-Clinical Criteria and Indicators for Nutrition Services in Developmental Disabilities, Psychiatric Disorders, and Substance Abuse - Ed. Mary Ellen Posthauer(1993)

##### **GENERAL CLINICAL:**

-Manual of Clinical Dietetics, 6th Ed, 2000. The American Dietetics Assn.

-Clinical Nutrition - by Marion Bennion

-Food Medication Interactions 11th Ed.- by Zaneta M Pronsky

-Cardiovascular Nutrition - Penny Kris-Etherton

##### **GENERAL NUTRITION:**

-The American Dietetic Associations Complete Food and Nutrition

Guide - by Roberta Larson Dunff, 1996

**PEDIATRIC:**

- Pediatric Manual of Clinical Dietetics, 1998. The American Dietetics Assn.
- Handbook of Pediatric Nutrition, 1993, Aspen Publ. Patricia M. Queen, Carol E Lang.

**GERIATRIC:**

- The Merck Manual of Geriatrics. 2nd Ed, 1995. Merck & Co, Inc
- Geriatric Nutrition: A Comprehensive Review. 1995, Raven Press. Morley, John E, Glick, Zvi; Rubenstein, Laurence Z.

**FOOD SERVICE:**

- Food For Fifty - by West, Shugart and Wilson
- Menu Solutions (Quantity Recipes for regular and special diets)
- The Art of Cooking for the Diabetic - Frank Baker

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 2: CLINICAL DIETETICS PROCEDURES AND STANDARDS**

- 2.1 Clinical Dietetics Policies and Procedures Manual
- 2.2 Diet Manual Approval and Use
  - 2.2.1 Location of Diet Manual
- 2.3 Provision of Nutritional Care
- 2.4 General Standards of Care
- 2.5 Communication With Dietary Department by Patients
- 2.6 Late Patient Admission Supper
- 2.7 Test Routine
- 2.8 Use of Sugar and Salt Substitute
- 2.9 Low Sodium Diets and Non Neutral Exchanged Water Source

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISIONCHAPTER

DATE ISSUED: 9/88      DATE REVISED OR REVIEWED: 2/89, 11/90, 3/91,  
5/92, 3/93, 2/95, 5/98, 6/01

### POLICY:

The chief clinical dietitian is responsible for the development, review and revision of the policies and procedures regarding the nutritional aspects of patient care for the dietary department.

### PURPOSE:

To assure appropriate, qualified nutritional care and services are being provided to our patients.

### PROCEDURE:

1. The dietitian shall be responsible for Clinical Dietetics Policies and Procedures for the dietary department. It shall include all policies and procedures relating to nutritional care and services.
2. The dietitian shall conduct an annual review of Clinical Dietetics Policies and Procedures and current JCAHO (Joint Commission on Accreditation on Health Organizations) standards to assure compliance with current standards.
3. The dietitian shall write new policies or revise existing policies in Clinical Dietetics Policy and Procedures Manual as needed to assure compliance to standards.
4. The dietitian is responsible to see that the policies and procedures are taught and followed by applicable staff.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 2: Clinical Dietetics Procedures and Standards**

DATE ISSUED: 9/84 DATE REVISED OR REVIEWED: 9/85,9/86,9/87, 2/89, 2/91, 3/93, 2/95, 5/98, 9/98, 6/01

#### POLICY:

The USH Diet manual is The Manual of Clinical Dietetics 6th Edition, 2000. Published by the American Dietetic Association, this manual represents the most up to date and highest standards for clinical diets.

The diet manual in use at Utah State Hospital is reviewed, approved and dated at least every 3 years by the Chief Clinical Dietitian, nursing director, food service director and medical director.

#### PURPOSE:

To standardize the principles of dietary treatment and their practical applications.

To provide guidelines to physicians, nurses, and dietitians in areas of diet therapy.

#### PROCEDURE:

- I. The manual should be reviewed and revised if necessary every three years to incorporate the latest recommendations in clinical nutrition.
2. The menus served will be consistent with the requirements in the diet manual for individual types of therapeutic diets.

FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

**SECTION 2: Clinical Dietetics Procedures and Standards**

2.2.1 LOCATION OF DIET MANUALS

PPM # 2.10

DATE ISSUED: 09/84 DATE REVISED OR REVIEWED: 9/85, 9/86, 9/87, 9/88,  
7/89, 3/91, 1/92, 3/93 , 2/95, 5/98, 9/98,6/01

POLICY:

The Manual of Clinical Dietetics is located in the Clinical Dietitian's Library. This is available to all medical and nursing personnel on request.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 2: Clinical Dietetics Procedures and Standards**

DATE ISSUED: 9/85 DATE REVISED OR REVIEWED: 9/86, 9/87, 9/88, 2/89, 3/91, 1/92, 3/93, 2/95 5/98, 6/01

#### POLICY:

The nutritional aspects of patient care shall be under the direction of a qualified dietitian.

#### PURPOSE:

To assure adequate and appropriate nutritional care to all patients.

#### PROCEDURE:

At least one full time dietitian will be employed by the hospital to direct nutritional aspects of patient care.

The dietitian will be responsible for diet implementation, diet instruction, dietary consultation, nutritional assessment and development of nutritional care plans for all patients on therapeutic diets.

The dietitian is responsible for documentation in the patients medical record, of nutritional assessments, provision of nutritional services and observations and information pertinent to dietetic treatment.

The dietitian is responsible for developing, implementing and also a yearly review of policies and procedures for nutritional care and clinical services provided.

When a patient is placed on a prescribed diet that is nutritionally inadequate, the dietitian shall recommend the appropriate diet supplement. The dietitian shall document in the patient's chart if the prescribed diet has any nutritional inadequacies as compared to the RDI'S and recommend the appropriate diet supplement

If a nutritional policy requires approval from medical or nursing services, the policy will be reviewed and approved by meeting with the respective service and minutes of the meeting will be kept on file.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 2: Clinical Dietetics Procedures and Standards**

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DATE ISSUED: 9/88      DATE REVISED OR REVIEWED: 2/89, 9/90, 3/91,  
1/92, 3/93, 2/95, 5/98, 6/01

1. An e-mail is considered verification of physician's diet order for patients on diets other than regular.

#### EXCEPTIONS:

1. Patient chart not available.
  2. Patient discharged within a 24 hour period.
  3. Patient leaves against medical advice.
  4. Failure to receive diet order.
  5. Patient diet status changed within 24 hours.
- 
3. A nutritional screen is completed by the diet technician on all new patients in two weeks after date of admission and filed in the Assessment Section of the patient's chart. The screen is either normal or has abnormal components. Patients found with abnormal components will have a nutritional assessment completed by the dietitian.
  4. Patients who carry a diagnosis that requires a nutritional evaluation, as indicated by the clinical standard of care, will have documentation in the medical chart that nutrition care standards are being followed.
  5. A Dietitian will see patients with orders for modified diets within three days after receipt of abnormal screen or special diet unless already provided dietary education and will:
    - a. Explain basic nutritional principles and diet restrictions relating to their diet order.
    - b. Provide educational materials as needed.
    - c. Document interventions in the medical record.

Adjustments are made to patients' menu when applicable due to food preferences or eating problems, etc.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 2: Clinical Dietetics Procedures and Standards**

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#### 2.4 GENERAL STANDARDS OF CARE

DATE ISSUED: 9/86 DATE REVISED OR REVIEWED 9/89, 2/89 9/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

5. (continued)

#### EXCEPTIONS:

1. Patient unable to comprehend or unwilling to communicate.
2. Patient discharged within a 24 hour period.
3. Failure to receive diet order.
4. Patient diet status changed within 24 hour period.
5. Patient not available.
6. Evaluate nutritional status from patient and/or family member when appropriate:
  - a. Obtain and evaluate nutrition history, evaluate patient's tolerance to foods, evaluate factors which affect absorption and tolerance of nutrients, food allergies, etc.
  - b. Evaluate physical, clinical and laboratory data. Monitor values as necessary.

#### EXCEPTIONS:

1. Patient and/or family member is unavailable, unwilling or unable to provide such information.
2. Patient discharge within 24 hours
3. Patient leaves hospital against medical advice.
4. Death.
5. Data unavailable.
7. Patient care shall be monitored by dietitian through direct communication with the patient and staff, and by charting in the medical record. Nutritional Information is charted in the medical record utilizing SOAP or Narrative formats at least every 90 days for patients on modified diets..

EXCEPTIONS:

- I. Source of information unavailable.
- 8. Design individualized diet prescription based on:
  - a. Medical diagnoses.
  - b. Patient food tolerances/preferences.

FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

**SECTION 2: Clinical Dietetics Procedures and Standards**

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2.4 GENERAL STANDARDS OF CARE

DATE ISSUED: 9/86 DATE REVISED OR REVIEWED 9/89, 2/89 9/90, 3/91,  
1/92, 3/93, 2/95, 5/98, 6/01

9. Patient and/or family member can demonstrate understanding of the diet and instruction.

EXCEPTIONS:

- I. Patient and/or significant other unable to comprehend the instruction or unwilling to listen or learn.
10. Discharge diet instructions are summarized in the progress notes by the registered dietitian (when ordered) and include:
- a. Type of instruction ordered by the physician.
  - b. Patient and/or family members understanding, motivation and expected compliance.
  - c. Educational materials provided to the patient.

EXCEPTIONS:

- I. Patient and/or family member unable to comprehend the instruction. Referral is made to out-patient dietitian, home health care, etc.
2. Diet instructions not ordered within the 4 hour time period.

FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

**SECTION 2: Clinical Dietetics Procedures and Standards**

DATE ISSUED 9/84 OR REVIEWED: 9/85, 9/86, 10/87, 2/89, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

POLICY:

Communication between patient and dietary is arranged through the nurses or technicians. Patients may not call dietary personally. Hospital staff may call or send a note to the Dietitian or tech requesting a visit.

PURPOSE:

To allow unit staff to screen all requests so dietary isn't interrupted excessively.

FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

**SECTION 2: Clinical Dietetics Procedures and Standards**

DATE ISSUED: 9/84    DATE REVISED OR REVIEWED: 9/85, 9/86, 9/87, 9/88, 11/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

POLICY:

The Kitchens are open until 6:30 PM. Patients admitted after that time are given a cold meal from the unit supplies.

PURPOSE:

Foodservice staff are not available to provide food after hours.

FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

**SECTION 2: Clinical Dietetics Procedures and Standards**

DATE ISSUED: 9/84      DATE REVISED OR REVIEWED: 9/88, 2/89, 11/90,  
3/91 1/92, 3/93, 2/95, 5/98, 6/01

POLICY:

Appropriate meals are served when a test diet is ordered.

PURPOSE:

To ensure that test results are accurate so that optimal patient care will be provided.

PROCEDURE:

The test diet is ordered by MD/RNP. Nursing then contacts their unit Dietitian the specific test diet and the meals and dates it's to be provided to arrange.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 2: Clinical Dietetics Procedures and Standards**

DATE ISSUED: 09/84    DATE REVISED OR REVIEWED: 03/89, 11/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

#### POLICY:

Patients on calorie restricted diets will routinely receive a sugar substitute (saccharine) with their meals. Salt substitutes are not used unless ordered by a physician.

#### PROCEDURE:

- I.        If a physician does not want a particular patient to receive sugar substitute, orders must be written in the physicians order section of the patients chart. A diet order should be sent to dietary detailing the order.
2.        The same procedure as described above is followed if a physician wants a patient to be able to use a salt substitute.
3.        The current sugar substitutes available are Sweet & Low and Equal,.
4.        The current salt substitute is NO SALT, a K + salt substitute.

FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

**SECTION 2: Clinical Dietetics Procedures and Standards**

DATE ISSUED: 09/84    DATE REVISED OR REVIEWED: 9/85 6/89, 3/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

POLICY:

A source of non-neutral exchanged water shall be provided for use in preparation of low sodium meals, snacks and beverages.

PURPOSE:

To prevent an unnecessary increase in the sodium content of low sodium diet foods.

PROCEDURE:

Only water from the cold water taps will be used in the preparation of low sodium meals, snacks, and beverages.

EXPLANATION:

Only the hot water in the Hospital is "soft" water. In "softening" of water, sodium is exchanged for and replaces other cations such as calcium and potassium and consequently increases the sodium content of the water.

FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS  
DIVISION

- 3.1 NPO Orders
- 3.2 Tube and Enteral Feedings
- 3.3 Nutritional Care of the Tube Fed Patient
- 3.4 Dietetic Care of the Obese Patient

FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS  
DIVISION

**SECTION 3: SPECIAL NUTRITIONAL CARE PATIENTS**

DATE ISSUED: 9/88 OR REVIEWED: 2/89, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

POLICY:

Nursing shall notify Food Services of all NPO (nothing by mouth) orders.

PURPOSE:

To inform the dietitian of patients not receiving food by mouth so nutritional monitoring can be maintained to safeguard the nutritional health of patients.

PROCEDURE:

- I. The NPO order is written by an MD/RNP on the physician's order form in the patients chart.
2. Nursing services shall notify food services of any patient with an NPO order. The order shall be called to dietary and an e-mail notifying order shall be sent to the dietitian. This notice will include the duration of the NPO order. A hard copy will be maintained in food service office.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 3: SPECIAL NUTRITIONAL CARE PATIENTS**

#### POLICY:

The hospital formula is Boost and Boost Plus unless otherwise ordered.

DATE ISSUED: 9/84 DATE REVISED OR REVIEWED: 9/85, 9/86, 9/87, 2/89, 11/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

#### PURPOSE:

To provide adequate nutrition to patients who are not eating adequately or who are unable or unwilling to eat.

#### PROCEDURE:

1. Tube feedings are ordered by MD or RNP and shall include: food supplement, volume, and times of feedings.
2. Only commercially prepared formulas shall be used for enteric tube feedings. The house formula is Boost Plus but other commercially prepared formulas will be provided if Boost Plus does not meet the nutritional needs of a patient as determined by the dietitian and MD/RNP.
3. Boost Plus and other formulas for tube feeding or oral supplementation shall be stored at the warehouse. Ward nurses are responsible for ordering formulas from the warehouse. The Warehouse is responsible for monitoring stock of formulas and ordering formulas from the manufacturer.
4. Nursing is responsible to administer tube and enteral feedings and also responsible for proper storage of tube feeding formulas kept on the unit.
5. The dietitian shall monitor the nutritional status of patients on tube or enteral feedings and evaluate nutritional adequacy and appropriateness of feeding orders.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 3: SPECIAL NUTRITIONAL CARE PATIENTS**

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DATE ISSUED: 1/92 DATE REVISED OR REVIEWED: 3/93, 2/95, 5/98, 6/01

#### POLICY:

Tube feeding may be recommended to meet the nutritional needs of patients who are unable or unwilling to consume an adequate diet by mouth.

#### PURPOSE:

To provide optimal nutrition and prevent malnutrition until the patient is able eat adequately on their own.

#### INDICATIONS:

1. Patient either refuses to eat or psychologically cannot eat to the point that nutritional status and health are compromised.
2. Patient unable to tolerate nutrients consumed by mouth as in:
  - dysphagia
  - dental disorders
  - neurologic impairment restricting ability to eat by mouth
3. Patient unable to ingest adequate nutrients to maintain nutritional status, as in:
  - impaired digestion
  - inflammatory bowel disease/crohn's disease, short bowel syndrome
  - malabsorption
  - failure to thrive

#### CONTRAINDICATIONS:

1. Nonfunctional GI tract
2. Severe aspiration risk

#### PROCEDURE:

1. Diet consult will be sent to the RD upon initiation or consideration of the initiation of tube feeding.
2. Nutritional assessment will be completed and will include:
  - a. age
  - height (include growth standard for age if less than 18 years old

weight (assessment of change over time)

recent dietary intake history (assessment of nutrient adequacy)

- b. evaluation of pertinent clinical laboratory data

**SECTION 3: SPECIAL NUTRITIONAL CARE PATIENTS**

**3.3 NUTRITIONAL CARE OF THE TUBE FED PATIENT**

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DATE ISSUED: 1/92 DATE REVISED OR REVIEWED: 3/93, 2/95, 5/98, 6/01

- c. Assessment of functioning/nonfunctional G.I. tract, indicating evidence of maldigestion and/or malabsorption (i.e. obstruction); thus, indicating type of feeding required (i.e. - lactose free, elemental).
  - d. Goal of therapy
  - e. Evaluation of current tube feeding order, or need for initiation
  - f. Development and documentation of a nutritional care plan: to include rate, strength, type of tube feeding, and recommendations for advancement if tolerated.
  - g. Documentation of nutrition needs:
    - 1. Energy requirements
    - 2. Protein requirements
    - 3. Vitamin/Mineral supplementation if indicated
3. Follow-up Documentation:
- a. Weekly statement of progress of nutritional status
  - b. Nutrient intake analysis from I & O documentation
  - c. Weight change
  - d. Pertinent lab value changes
  - e. Changes in tube feeding
  - f. Evaluation, and recommendations

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 3: SPECIAL NUTRITIONAL CARE PATIENTS**

DATE ISSUED: 9/88,9/89, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

#### STANDARDS:

1. Review medical record to assess appropriateness of the diet order:
  - a. Height, weight, weight history, IBW, BMI
  - b. FBS, lipids
  - c. Medications
  - d. Other abnormal findings

#### EXCEPTIONS:

1. If information not available.
2. Interview patient and/or family for diet history. Assess
  - a. Caloric intake from all food sources (i.e. snacks, pop, etc).
  - b. Types of diets previously used, success or failure.
  - c. Level of motivation..
  - d. Willingness to exercise to increase caloric expenditure.
  - e. False ideas about weight and diets.
  - f. Commitment to a structured diet.
  - g. Need for further dietary instruction and educational materials.

#### EXCEPTIONS:

1. Patient unable to comprehend or verbalize.
2. Patient and/or family unavailable for interview.
3. Calculate a diet pattern for the patient to be used by the foodservice staff and unit nurses.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SUB SECTION 1: Patient Records**

- 4.1 Patient Kardex File - 2 pages
  - 4.1.2 Sample Meal Plans for Temporary Use

### **SUB SECTION 2: Patient Provisions**

- 4.2 Provisions of Special Diets - 2 pages
  - 4.2.1 Food for Special Diets
  - 4.2.2 Snacks and Nourishments
  - 4.2.3 Weekly Refreshment Orders
  - 4.2.4 Extra Food for Individual Patients (double portions)
  - 4.2.5 Provision of Punch and other Supplies for Administration of Medication

FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

**SECTION 4: CLINICAL DIETETICS PATIENT RECORDS AND PROVISIONS**

**SUB SECTION 1: Patient Records**

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POLICY:

Patient kardex files are maintained on all patients on clinical diets and those assessed to be at nutritional risk(Form #1).

PURPOSE:

To facilitate communication between dietitians, the patient, and medical staff.

To provide a complete history of the patient's dietary program since patient charts are thinned every 90 day periods.

To meet the requirements of regulatory agencies.

PROCEDURE:

1. The patient Kardex cards are organized by unit.
2. Visitation:
  - a. Patients with new orders for therapeutic diets are visited within two working days of notification. A record of this visit and subsequent visits are kept by writing the following information on the kardex:
    - i. Patient name, age, height, weight, IBW, diagnoses, medical and social history.
    - ii. Current diet order, current relevant lab values, known food allergies, significant medical and psychiatric medicines.
    - iii. Food likes and dislikes.
    - iv. Initial assessment and patient care plan including dietary counseling given to the patient.
    - v. On subsequent visits information is written that summarizes the nutrition note written in the patients medical record.
    - vi. Any mechanical eating difficulties

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 4: CLINICAL DIETETICS PATIENT RECORDS AND PROVISIONS**

4.1

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3. Recording the order:
  - a. Record the date and the new diet order.
  - b. When a patient is transferred to a different unit change the unit designation and file the card in the proper unit kardex.
  - c. If a snack is part of the diet order write snack and the time or times when the snack is to be provided.
4. Calculated diets:
  - a. Calculated diet patterns are recorded on the kardex form.
  - b. Diabetic meal plans and any diet order with a specific carbohydrate, protein, fat or calorie content must have a completed calculated diet pattern on the card.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 4:CLINICAL DIETETICS PATIENT RECORDS AND PROVISIONS**

#### **SUB SECTION 1: Patient Records**

##### 4.1.2 SAMPLE MEAL PLANS FOR TEMPORARY USE

DATE ISSUED 9/84 AND/OR REVIEWED: 9/85, 9/89, 3/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

#### POLICY:

The diet offices will have sample line service cards containing calculated standard meal plans for all routine special diets which deviate in any way from standard printed menus in the unit and for most combination diets ordered by the medical staff.

#### PURPOSE:

To be used as a reference tool for dietary personnel so that appropriate meals will be served until a dietitian is available to consult with the patient.

#### PROCEDURE:

1. Identify diets ordered by the medical staff which require adjustment to the standard menu cycle.
2. Develop menu pattern and specific substitutions where indicated.
3. Write meal plan for all identified diets.
4. Label each sample diet card with the proper title.
5. Sample diet cards will be kept in the Rampton Cafeteria for the following diets: 1200, 1500, 1800, 2000, 2500, Calorie Diabetic diets including HS Snack.
6. The sample diets are to be used only as a temporary measure until a dietitian is available to visit the patient and develop an individualized meal plan and diet card.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 4: CLINICAL DIETETICS PATIENT RECORDS AND PROVISIONS**

#### **SUB SECTION 2: Patient Provisions**

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DATE ISSUED OR REVIEWED: 9/85, 9/86, 10/87, 2/89, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

#### POLICY:

A diet Kardex (form #1) and line service card (form #2) is kept on all special diets. The line servers use the diet cards to serve individuals their special diet. The dietitian uses the Kardex to record patient's nutritional progress.

#### PURPOSE:

To assure that each patient on special diets receive the prescribed special diets.

#### PROCEDURE:

When a therapeutic diet is ordered, the patient shall receive the prescribed diet as follows:

- I. All diets must be ordered by an MD/RNP or ordered as diet per dietitian and recorded on the physicians order form in the patient record. The diet ordered for the patient is noted by the diet tech or dietitian when the initial screen is conducted.
2. Food Services shall be notified of all modified orders via e-mail. Hard copy Maintained in food service file.
3. A line service diet card (form#2) shall be completed by dietitian on all patients on therapeutic diets or those on regular diets with special problems. The line service diet cards shall be kept on the serving line and used as a guide in serving special diets. The card shall include any calculated meal pattern, name, unit, and the current diet order.
4. A patient Kardex will be maintained by the dietitian on all patients on special diets. The Kardex will include current diet order, calculated meal pattern, food likes and dislikes, mechanical eating problems and nutritional status. Nutrition care plans will be reviewed and charted every 30 days for high risk patients and at least every 90 days for all patients on special diets.
5. If a patient is on nourishments or snacks, these are entered into the computer nourishment program.

6. Patients on special diets coming to the cafeteria for the first time shall be introduced by ward staff to cafeteria personnel. Patients incapable of requesting their diet shall be accompanied by ward personnel or by their patient "one to one" who may request the diet for them.
7. All special diets shall be ordered at least two hours prior to the meal service time via telephone and e-mail.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 4: CLINICAL DIETETICS PATIENT RECORDS AND PROVISIONS**

Section 2: Patient Provisions

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#### 4.2 PROVISIONS OF SPECIAL DIETS

DATE ISSUED OR REVIEWED: 9/85, 9/86, 10/87, 2/89, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

8. When a patient on a special diet is not able to come to the cafeteria for a meal, a tray shall be sent to the unit. Ward staff shall notify Food Service on a tray request form at mealtime or will call in advance. The tray will be marked with the patients name. Unit employees are responsible for taking the tray to the unit.
9. When a diet order needs to be changed, the procedure used for ordering new diets shall be followed and changes noted by the dietitian on the patient Kardex and line service diet card.
10. The dietitians and diet techs shall observe tray line periodically to see that patients on the prescribed diets are receiving the diet as written on line service diet cards.

FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

**SECTION 4: CLINICAL DIETETICS PATIENT RECORDS AND PROVISIONS**

**SUB SECTION 2: Patient Provisions**

4.2.1 FOOD FOR SPECIAL DIETS

DATE ISSUED OR REVISED: 7/86, 9/87, 9/88, 6/89, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

POLICY: Appropriate foods shall be available for patients with special dietary needs.

PURPOSE: To meet the nutritional needs of patients on special diets.

PROCEDURE:

Appropriate foods shall be available for diabetic, low sodium, low cholesterol, weight reduction, bland, puree, gluten free, and mechanical soft diets. If a patient has other special dietary needs, appropriate foods shall be purchased and prepared as needed. Nutritionall supplements are available for tube feedings and oral supplementation. Additional supplements will be purchased when house supplement does not meet the nutritional needs of patients requiring a tube feeding or oral supplement.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 4: CLINICAL DIETETICS PATIENT RECORDS AND PROVISIONS**

#### **SUB SECTION 2: Patient Provisions**

DATE ISSUED OR REVISED: 7/86, 9/87, 2/89, 9/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

##### POLICY:

Snacks and nourishments shall be available as appropriate to meet the nutritional needs of the patients and the needs of the facility.

##### PURPOSE:

To meet the nutritional needs of the patients when meals alone aren't enough to maintain their nutritional health.

##### PROCEDURE:

- I. At present all units receive an evening snack for the patients on their unit.
2. Food can be requisitioned for the purpose of cooking and recreational activities on the units. Food items for this purpose are requested on the unit food request sheet (form #4) and sent to Food Service. A list of foods available for ordering are listed on the weekly refreshment food order sheet (form #5) revised September 27, 1993.
3. Between meal nourishments for individual patients are ordered by the MD/RNP following the same procedure as ordering special diets. The dietitian may also place patients on nourishments.
  - a. The diet technician is responsible to see that the patient nourishment labels are printed weekly for the diet cook.
  - b. The computer printed labels include the following information:  
Patients name, time of snack, unit, food to be given for the snack.
  - c. The diet cook follows the printed snack labels in preparing all between-meal nourishments. Each nourishment is placed in a small paper bag and the individual patients' label placed on the bag.
  - d. Snacks are set out on the cafeteria serving line and unit nurses are responsible for seeing that snacks are picked up, brought to the unit and presented to the patient at the appropriate time.

- e. Temporary snack changes (between label printing) shall be written on labels and placed with the nourishment labels at the diet cook station.

FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

**SECTION 4: CLINICAL DIETETICS PATIENT RECORDS AND PROVISIONS**

**SUB SECTION 2: Patient Provisions**

DATE ISSUED OR REVISED: 7/86, 2/89, 3/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

POLICY: A supply of food ordered weekly for distribution to the patients as food for nourishments and snacks is available to be kept on each unit.

PURPOSE: To ensure that nourishments are available on unit when the need arises for such.

PROCEDURE:

Ward staff are responsible for proper ordering, storage and distribution of weekly ward orders. Weekly ward orders are submitted five working days (form #3) before the expected fill date. Most orders are submitted on Monday and are filled by Thursday or Friday. Available grocery items are listed on form #3. Form #4 is the appropriate form for weekly food requests.

FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

**SECTION 4: CLINICAL DIETETICS PATIENT RECORDS AND PROVISIONS**

**SUB SECTION 2: Patient Provisions**

DATE ISSUED 9/84 OR REVISED: 9/85, 7/86, 2/89, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

POLICY: The dietetic service shall be prepared to give extra food (double portions) to individual patients as ordered by an MD/RNP or as deemed necessary by Registered Dietitians..

PURPOSE: To assure caloric needs of individual patients are met.

PROCEDURE:

The MD/RNP must write a diet order for a patient to receive extra food. The RD can start extra food if the patient is underweight. Orders are usually written as double portions, but may be written to specify certain food categories, such as doubles of main plate, fruit, or vegetables.

When an order for double portions is received, the dietitian completes a nutritional assessment to determine the weight goal.

A dietitian or diet tech will monitor patient weight to determine appropriate time to discontinue double portion order.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 4: CLINICAL DIETETICS PATIENT RECORDS AND PROVISIONS**

#### **SUB SECTION 2: Patient Provisions**

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DATE ISSUED OR REVIEWED: 5/98, 6/01

##### POLICY:

To reduce the possibility of food/drug interactions, it is preferable that patients be given water for taking medications. However, it is recognized that patient medication compliance often improves when a flavored drink is provided. Therefore, when needed, patients can be offered sugar-free punch with medications. Patients should not be given 100% fruit juices (apple, cranberry, grape, orange, or prune) with medications because of the potential for food/drug interactions. Grapefruit juice, in particular, has been identified as having harmful interactions with some medications and will no longer be available through Food Service at Utah State Hospital.

Sugar-free punch mix is provided by Food Service when ordered according to the following procedure. Canned juices are also available when ordered by an MD or RN. Applesauce may be needed by some patients when taking certain medications and will be provided when ordered. Crackers are available for patients who are taking medications that should be given with food.

##### PURPOSE:

To establish a procedure for ordering sugar-free punch mix and other supplies used for administering medications.

##### PROCEDURE:

Sugar-free punch mix and other supplies used for the administration of patient medications, are ordered according to the following procedure:

1. Allowed items are ordered from Food Service via email address "diet", and must include unit, items needed, and amount required.
2. Orders must be received Tuesday by 8:00 a.m.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 4: CLINICAL DIETETICS PATIENT RECORDS AND PROVISIONS**

4.6 Provision of Punch and other supplies for Administration of Medication  
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3. Orders are filled Thursdays by the diet cook or other designated Food Service employee and are delivered or available for pickup by Thursday dinner meal.
4. Orders must be within established limits.
  - a. Up to 15 packages (enough to make 30 gallons) of sugar-free punch mix per week is allowed
  - b. Up to two cans of apple, cranberry, grape and/or orange per week is allowed when ordered by an MD or RN
  - c. Up to six cans of prune juice per week is allowed
  - d. Up to eight packages of grahams per week is allowed
  - e. Up to eight packages of saltines per week is allowed
  - f. Applesauce is allowed as needed
5. For needs that are exceptions to this policy, contact the dietitian or Dietetic Technician.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### 5.1 Nutritional Screen

#### 5.1.1 Nutritional Assessment

##### 5.1.1.1 Procedure for Obtaining Nutritional History

##### 5.1.1.2 Food Intake Evaluation

### 5.2 Diet Instruction to Patients on Clinical Diets

#### 5.2.1 Discharge Diet Instructions

### 5.3 Forwarding of Diet Information

### 5.4 Drug/Food Interaction Counseling for Patients

### 5.5 Monitoring of Nutritional Care

### 5.6 Recording in Medical Record - 2 pages

### 5.7 Meal Surveys

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 5: CLINICAL DIETETICS PATIENT CARE**

#### **SUB SECTION 1: Nutritional Screen and Assessment**

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DATE ISSUED: 11/87  
2/95, 5/98, 6/01, 3/02

DATE REVISED: 9/88, 3/91, 1/92, 3/93,

##### POLICY:

The initial nutritional screen is completed by nursing within 12 hours of admission. If a patient is determined to be at high risk based on the criteria on the dietary section of the nursing screen, the patient will be seen within 24 hours. Exception: Acute Recovery Treatment Center (ARTC) patients; high risk will be determined by the medical staff and consults will be ordered accordingly and followed within consult guidelines. The initial nutritional assessment is completed on all new admissions within 14 days after admission date by dietary. Exceptions: Discharged from Utah State Hospital (USH) within 2 weeks, on medical separation, AWOL.

##### PURPOSE:

To identify patients at nutritional risk who are admitted to USH.  
To have a permanent record of the nutritional status of all patients when they are admitted to USH.

##### PROCEDURE:

The diet tech will conduct a nutritional assessment (form USH 39-0298) on all new admissions using the following criteria to indicate abnormal components.:

##### Adult Patients

1. Albumin 3.4 or less
2. BMI  $\geq 30$  or Male BMI  $\leq 22$ , Female BMI  $\leq 20$ .
3. FBS/Glucose above normal range
4. Cholesterol levels  $\geq 240$
5. Triglycerides  $\geq 250$
6. Below normal hemoglobin and hematocrit
7. Elevated creatinine
8. Diagnosis of diabetes, malnutrition, eating disorder, tube feedings, AIDS, Crohns, CF, dysphagia, kidney disease, cancer, COPD, FTT.

9. currently taking an MAOI or in the past 3 weeks prior to admit (Nardil, Parnate, Marplan, Eutonyl, Furoxone).

Children & Youth Patients

1. albumin 3.4 or less
2. CBC Studies below normal levels
3. less than 90% of ideal weight;  $\leq$  5th%ile or  $\geq$  95th%ile
4. FBS/Glucose above normal range
5. Cholesterol levels greater than 239 on USH Labs
6. Triglycerides greater than 250 on USH Labs
7. diagnosis of - diabetes, malnutrition, eating disorder
8. currently taking an MAOI or in the past 3 weeks prior to admit (Nardil, Parnate, Marplan Eutonyl, Furoxone).

Any patient with one or more of the above conditions will be termed at nutritional risk and referred to the dietitian for a nutritional assessment.

FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

**SECTION 5: CLINICAL DIETETICS PATIENT CARE**

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5.1 NUTRITIONAL SCREEN

DATE ISSUED: 11/87                      DATE REVISED: 9/88, 3/91, 1/92, 3/93,  
2/95, 5/98, 6/01

The outcome of the initial dietary admission assessment will be documented in the patients chart and on the admission nutrition assessment form (form USH 39-0298). The admission nutrition assessment for each patient will be filed in the assessment section of the patients chart.

While conducting the initial assessment the diet tech will also check the patients chart for any documented food allergies. Any patient with a documented food allergy will have allergy noted on diet card.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 5: CLINICAL DIETETICS PATIENT CARE**

#### 5.1.1 NUTRITIONAL ASSESSMENT (NA)

DATE ISSUED: 9/84      DATE REVISED OR REVIEWED:  
9/88, 2/89, 11/90, 3/91, 1/92, 3/93, 2/95 5/98, 6/01

##### POLICY:

The Dietitian completes a followup nutritional assessment within 3 days following assessment completion for each patient with an ordered modified diet and for each patient who has an abnormal nutrition admission assessment.

##### PURPOSE:

To define current nutritional status and to plan the appropriate care of the patient.

##### PROCEDURE:

- I. The nutritional assessment is completed by the dietitian and charted in the progress note section.
2. When follow-up nutritional care is provided, a chart note is placed in the progress notes.
3. Comments regarding patient chart review are recorded in the patient Kardex.
4. Form #2 (Orange Kardex Form) is used to collect data which shall include, but not be limited to, the following
  - a. diet history
  - b. medical, physical impairments
  - c. functional status
  - d. physiological behavior
5. A nutritional care plan includes ongoing patient progress.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 5: CLINICAL DIETETICS PATIENT CARE**

#### 5.1.1.1 PROCEDURE FOR OBTAINING NUTRITIONAL HISTORY

DATE ISSUED: 9/88      DATE REVISED OR REVIEWED: 2/89, 11/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

##### POLICY:

Nutritional history will be obtained for patients on clinical diets that are able to communicate effectively. This is included in the nutritional assessment and recorded in the medical chart.

##### PURPOSE:

To obtain information pertinent to patient's food consumption.

To serve as a tool for evaluation of the adequacy of previous diet and suggestions for improvement of diet.

To provide information for use by the dietary and medical staff.

##### PROCEDURE:

- I. For obtaining information available from patient or relatives the following may be asked as appropriate:
  - a. meals eaten per day
  - b. use of hypoglycemic agent or insulin if patient is diabetic
  - c. weight and height
  - d. food likes/dislikes
  - e. food allergies
  - f. previous diet
  - g. food preparation practices
  - h. history of dining practices
  - i. any other information pertinent to nutritional status and dietary intake
2. This information is assessed by the dietitian and used to determine a proper diet plan.

3. The nutrition history may be summarized and recorded in the progress note section of the patients medical record.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 5: CLINICAL DIETETICS PATIENT CARE**

#### 5.1.1.2 FOOD INTAKE EVALUATION

DATE ISSUED OR REVIEWED: 9/84, 9/85,. 10/87, 2/89, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

##### POLICY:

A food intake evaluation will be completed for patients as indicated or ordered.

##### PURPOSE:

To determine the nutritional adequacy of a patients current intake as part of the nutritional assessment and care planning process.

##### PROCEDURE:

- I. A one day food and fluid intake will be recorded unless ordered otherwise. A nursing representative will record intake of patients.
2. The intake will be evaluated by such methods as:
  - a. Bowes and Church Food Values of Portions Commonly Used.
  - b. ADA exchange equivalents.
3. Results of evaluation will be incorporated in the nutritional assessment and care plan.
4. Results and findings of the intake evaluation will be documented in patients' chart.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 5: CLINICAL DIETETICS PATIENT CARE**

DATE ISSUED: 9/84      DATE REVISED OR REVIEWED: 9/88  
2/89, 11/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

#### POLICY:

All patients admitted to the hospital on a clinical diet, or placed on one while a patient, will be visited by a dietitian or diet tech and instructed as needed.

#### PURPOSE:

To provide patients with an understanding of the principles of the diet and to provide appropriate educational materials. This should reduce conflict between the patient and staff concerning the diet and allow the patient to learn to make correct diet choices.

To provide upon discharge, if ordered by the MD/RNP, a written copy of the clinical diet and instructions for management of the diet in the home environment.

#### PROCEDURE:

- I. All patients with orders for a clinical diet will be seen by a dietitian or diet tech. The date the diet order is received is recorded in the kardex.
2. Initial interview:
  - a. Identify yourself, job title and how you can be contacted.
  - b. Inform patient of the diet they have been placed on.
  - c. As appropriate, explain briefly the basics of the diet, using simple and direct language. Example: Diet 500 MG sodium. "The basic change is you will not have salt on your tray and you will not taste salt in the cooked food. You will be offered unsalted bread and unsalted butter.
  - d. Stress the point that the diet is an important part of the treatment prescribed by their doctor.
  - e. Unit techs will introduce patient to line servers to receive the correct diet.
  - f. For patients on a calculated diet, conduct a brief nutritional history and ask questions regarding likes and dislikes that need to be considered.
  - g. If the patient is capable of and desires a more in-depth instruction, the dietitian will provide this in addition to educational materials.

3. Documentation:

- a. Document in progress notes a description of diet instructions given to patient and/or family and assessment of their comprehension and desire to comply with the diet.
- b. Also document in the medical chart appropriate dietetic information regarding the ordered diet such as appropriateness of diet order, special food restrictions, meal service, etc. and any recommendations. Document this in the kardex also.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 5: CLINICAL DIETETICS PATIENT CARE**

#### 5.2.1 DISCHARGE DIET INSTRUCTION

DATE ISSUED: 9/84      DATE REVISED OR  
REVIEWED: 9/88, 2/89, 11/90, 3/91, 2/92, 3/93, 2/95, 5/98, 6/01

##### POLICY:

Discharge diet instruction should be requested on the diet order sheet at least 4 hours in advance of discharge. With less notice, an instruction may not be given and it may be necessary to provide the patients with only printed diet materials.

##### PURPOSE:

To provide adequate time for patient instruction and continuity of nutritional care after discharge.

##### PROCEDURE:

1. Physician or nurse practitioner should order discharge diet instruction in the patient's chart.
2. Nursing should phone in the order to diet office and follow with an e-mail.
3. The dietitian will complete the patient diet instruction prior to discharge as able.
4. Documentation of the instruction should be in the progress note section of the patient's chart and patient Kardex and should include a description of the dietary instructions and materials given to the patient (and/or family) and patients (and/or family) understanding of these instructions.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 5: CLINICAL DIETETICS PATIENT CARE**

DATE ISSUED: 9/84      DATE REVISED OR  
REVIEWED: 9/88, 2/89, 11/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

#### POLICY:

Upon discharge of a patient to another facility, diet information will be forwarded to the facility when medically indicated or requested.

#### PURPOSE:

Continuity of nutritional care at a new facility.

#### PROCEDURE:

- I. The MD/RNP shall request forwarding of diet information prior to patient's discharge.
2. Nursing will notify the dietitian of discharge at least 4 hours prior to the patients leaving.
3. The dietitian will forward a copy of patient's diet and/or other diet information to the facility patient is to be forwarded to.
4. The dietitian shall document in patient's chart a description or copy of forwarded diet information.

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### **SECTION 5: CLINICAL DIETETICS PATIENT CARE**

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DATE ISSUED: 09/88      DATE REVISED OR REVIEWED: 06/89, 11/90,  
3/91, 1/92, 3/93, 2/95, 5/98, 10/98, 6/01

#### POLICY:

Utah State Hospital's Clinical Dietetic and Pharmacy Divisions will monitor the use of four drug types which have significant drug-food-nutrient interaction that require diet instruction and/or nutrient supplementation. The drugs which will be monitored through the Pharmacy computer program on a monthly basis are: Monoamine oxidase inhibitors (MAOI), Isoniazid, Coumadin and Phenytoin Sodium (Dilantin).

#### PURPOSE:

To identify and instruct patients prior to their discharge about their medications which have significant drug/food interactions.

#### PROCEDURE:

- I. All patients receiving any one of the four monitored drugs will be instructed concerning diet nutrient supplements, if applicable.
2. Monthly, Nutrition Support will run a computer screen on all patients receiving the drugs being monitored and the nutritional supplements recommended to counteract the drug's interactions with nutrients.
3. Nutrition Support will compare the list with the previous month's screen to determine new patients on the drugs being monitored.
4. Individual drugs and procedures.
  - A. MAOI:
    - I. Any time a patient is prescribed an monoamine oxidase inhibitor (MAOI), the MD/RNP shall also order an MAOI diet.
    2. At the time the Dietitian receives orders for an MAOI diet, he/she shall instruct the patient on the drug-food interaction involved and specifically what foods are to be avoided.
    3. MAOI drugs include:  
Marplan (isocarboxazid)  
Nardil (phenelzine)

Parnate (tranylcypromine)

- B. Isoniazid: Anytime a patient is prescribed Isoniazid, the Physician/RNP shall order 50 mg Pyridoxine.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 5: CLINICAL DIETETICS PATIENT CARE**

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#### 5.4 DRUG/FOOD INTERACTION COUNSELING FOR PATIENTS

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- C. Phenytoin Sodium: Anytime a patient is prescribed Phenytoin Sodium (Dilantin), the Physician/RNP shall order folic acid 1 mg.
  - D. Coumadin: The patient will receive education regarding food/drug interaction and handout. No supplementation.
- 5. The Dietitian/Diet Technician, will monitor the pharmacy screens to ensure that the required diet or supplements are ordered. If they are not, the requirement will be charted in the patients chart and a recommendation for supplementation will be made.
  - 6. The Dietitian/Diet Technician will instruct all patients on the monitored drugs about the diet/supplement(s), and the importance of continuing diet or nutrient supplementation while taking the drug. A patient information sheet will be given to each patient upon instruction and a copy will be placed in the miscellaneous section of the patients chart.
  - 7. If a patient is to be discharged on an MAOI, Dilantin, Coumadin or Isonazid, nursing shall notify the dietitian within 4 hours of the patients discharge to allow Dietitian/Diet Technician to review the diet or supplements with patient. Another patient information sheet will be given to patient, if necessary.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 5: CLINICAL DIETETICS PATIENT CARE**

DATE ISSUED: 09/84      DATE REVISED OR REVIEWED: 03/89, 11/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

#### POLICY:

The nutritional care of patients will be monitored by the Dietary Department.

#### PURPOSE:

To determine if the nutritional needs of each patient are being met.

#### PROCEDURE:

- I. The patients deemed at high risk by the Dietitian have their charts, records and other available data reviewed by the Dietitian/Diet tech every month. The assessment and plan are charted in the progress notes of each patient's chart in the SOAP or narrative format.
2. Charts/records and other available data of all patients who are considered moderate risk are reviewed by the Dietitian/Diet tech every other month and charted.
3. Patients who are receiving modifications of the regular diet and at low risk are reviewed quarterly by the Dietitian/diet tech and charted.
4. Methods of monitoring patients on regular diets include but are not limited to:
  - A. Communication with patient and observation at meal time.
  - B. Communication with nursing staff.
  - C. Review of clinical records.
  - E. Review of monthly weight records.
  - F. Evaluation of acceptance and satisfaction with meals (meal survey)
  - G. Interviews with the patients about the food and service.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

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#### POLICY:

Information pertinent to the nutritional care of a patient is recorded routinely in the patient's medical record by a dietitian or diet technician, and are to be timely, definitive and well organized in SOAP or narrative format.

#### PURPOSE:

To serve as an avenue of communication among the health care team, and to serve as legal documentation of the interaction between patient and diet staff.

To support and justify the dietetic treatment plan and to accurately document results.

#### PROCEDURE:

What to record:

1. Confirmation of diet order.
2. Summary of dietary history:
  - a. Evaluation of the patient's eating patterns, lifestyle, and food allergies.
  - b. Assessment of the patient's awareness of the relationship of diet to disease.
3. Nutritional care therapy:
  - a. Type of diet and, if indicated, the number of calories or other nutrients such as sodium, cholesterol or saturated fat.
  - b. Report of the patient's tolerance to the prescribed diet modification, including the effect of the patient's appetite and food habits or food intake and any substitutes made.
  - c. Notations of any changes in diet orders and diet instruction plans.
  - d. Brief written communications between dietetic staff and physician and/or nursing service personnel pertinent to patient's nutritional care.
  - e. Request, if indicated, for referral of patient to appropriate

community agency for assistance in following diet at home.

4. Nutritional care and discharge plan:
  - a. Description of diet instruction given to patient and/or family and an assessment of their diet knowledge.
  - b. Consultation reports will contain a written opinion by the dietitian that reflects an assessment of the patient's nutritional status.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

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#### 5.6 RECORDING IN THE MEDICAL RECORD

ISSUED: 9/84 DATE REVISED OR REVIEWED: 9/88, 2/89, 11/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

Where to record:

- I. The progress note section of the medical record is used for recording dietary information such as screens, assessments and consults. A Consult form may also be used if sent from nursing.
2. Avoid professional jargon. Written notes should have meaning to all members of the health care team.
3. Avoid remarks that are critical of the treatment carried out by others, or that indicate bias against the patient.
4. Facts are preferable to opinions.
5. Black ink should be used.
6. Notes should be signed by the dietitian with his/her name and title.

When to record:

1. At the request of MD/RNP the dietitian/diet tech shall document in the patient's medical record as explained above.
2. The dietitian/diet tech shall complete timely and periodic review assessments in the medical record of the patient's chart; indicating intake tolerance to the prescribed diet modification and/or effectiveness of diet nutritional therapy.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

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#### POLICY:

Food Service meal surveys (see Form # ) or questionnaires will be distributed to the patients as listed below:

<u>MONTH</u>	<u>UNIT</u>
JANUARY	A1 FORENSICS
FEBRUARY	A2 FORENSICS
MARCH	A3, A4 FORENSICS
APRIL	HOPE EAST
MAY	HOPE WEST
JUNE	CHILDREN
JULY	NORTHWEST
AUGUST	NORTHEAST
SEPTEMBER	SOUTHWEST
OCTOBER	SOUTHEAST
NOVEMBER	LHU
DECEMBER	YOUTH

#### PURPOSE:

To obtain the likes/dislikes of our patient customers so we may modify our menus to better serve their preferences.

#### PROCEDURE:

- 1) The diet technician(s) and/or the dietitian(s) will administer ten or more meal surveys each month to the patients on the unit scheduled.
- 2) The surveys should be completed on the unit where patients generally have more available time. However, the surveys may also be completed in the cafeterias after patients finish eating.
- 3) The diet technician(s) and/or dietitian(s) should assist the patients by providing necessary materials (survey, pencil, etc) or answering questions.
- 4) The information from the meal surveys is summarized so the Dietitian(s) and Food Service Manager can evaluate the results.
- 5) Suggestions from meal surveys will be incorporated into foodservice menus when feasible.

FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION  
CLINICAL DIETETICS MENU AND SERVICE

- 6.1 Nutritional Standard of Menus
- 6.2 Menu Distribution
- 6.3 Menu Posting and Filing
- 6.4 Pediatric Menu Selection
- 6.5 Special Food Requests
- 6.6 Diet Census Sheet

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 6: CLINICAL DIETETICS MENU STANDARDS**

DATE ISSUED: 9/84      DATE REVISED OR REVIEWED:  
9/88, 2/89, 11/90, 3/91, 1/92, 3/93, 2/95, 5/98 6/01

#### POLICY:

Our menus meet the standards of the National Research Council Recommended Dietary Intake.

Where a special diet does not meet these standards, this is noted in the diet manual and when ordered, communicated in the patient's chart. Plans are then made to provide an adequate diet.

#### PURPOSE:

To have patients receive a nutritionally adequate diet.

#### PROCEDURE:

- I. The dietitian shall evaluate all menus for nutritional adequacy.
2. The current recommended dietary allowances of the Food and Nutrition Board of the National Research Council of the National Academy of Sciences shall be used as a reference in developing the menu along with the Food Guide Pyramid, and National School Breakfast and Lunch standards.

FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

**SECTION 6: CLINICAL DIETETICS MENU STANDARDS**

DATE ISSUED: 9/84      DATE REVISED OR REVIEWED: 9/88, 2/89,  
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POLICY:

One copy of the weekly menu is distributed to each unit at the hospital on Saturday and posted by a member of unit staff.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 6: CLINICAL DIETETICS MENU STANDARDS**

DATE ISSUED: 9/88      DATE REVISED OR REVIEWED: 2/89, 11/90, 3/91, 1/92, 3/93, 2/95, 5/98, 6/01

#### POLICY:

Regular menus and modifications for basic therapeutic diets shall be written at least one week in advance and posted in the kitchen.

#### PURPOSE:

To adhere to State Dept of Health rules and regulations for psychiatric hospital (7.203).

#### PROCEDURE:

1. The Food Production Manager is responsible to see that production sheets are written and posted in the kitchen at least one week in advance. The production sheets contain all menu items for regular and therapeutic/modified diets. Production sheets for all menus and diets must be approved by a Dietitian.
2. The Food Production Manager will keep production sheets of food as served on file for four years to meet the Federal School Breakfast and Lunch feeding guidelines.

## FOOD SERVICE POLICIES & PROCEDURES CLINICAL DIETETICS DIVISION

### **SECTION 6: CLINICAL DIETETICS MENU STANDARDS**

DATE ISSUED: 09/84    DATE REVISED OR REVIEWED: 03/89, 11/90, 3/91, 1/92, 2/95, 5/98, 6/01

#### POLICY:

Menus will be written to comply with the requirement set for the basic National School Lunch and the School Breakfast Programs utilizing new menus.

#### PURPOSE:

To provide the best nutrition possible by serving foods familiar and acceptable by most children.

#### PROCEDURE:

Menus will be written to comply with the following requirements:

- I.        School Breakfast Program requirements.
  - 1 oz. meat/meat alternate or,
  - 2 oz. equivalent bread/cereal
  - 1 oz. equivalent bread/cereal minimum per breakfast
  - 4 oz. fruit, vegetable or juice
  - 8 oz. fluid milk
2.        School Lunch Program requirements.
  - 2-3 oz. meat or meat alternate
  - 1 1/2-2 bread-grain servings per day
  - 1/2-3/4 cup fruit vegetable choices
  - 8 oz fluid milk
3.        The Administrative Manual of the Child Nutrition Program, State of Utah Department of Education will be used as guidance.

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POLICY:

Requests for items not on the menu will be honored when possible for patients with allergies or strong likes and dislikes, and those observing recognized religious dietary laws.

The dietitian is responsible for the decision to allow or disallow such requests.

PURPOSE:

To provide adequate food choices to patients whose needs are not met by the cyclical menu and to control frequent or unreasonable requests.

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**SECTION 6: CLINICAL DIETETICS MENU STANDARDS**

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1/92, 3/93, 2/95, 6/98, 6/01

POLICY:

A diet census will be completed weekly.

PURPOSE:

To keep accurate record of patient meals and modified diets served.

PROCEDURE:

- I. The dietitian or technician will complete weekly diet census sheets using diet numbers list computer data.
2. The census sheets will be used to project production numbers for the next week's cycle production sheets.



Date Reviewed: 10/98

Patient Satisfaction Surveys

One unit is surveyed each month, each unit surveyed once per year. Results are distributed to and reviewed by clinical staff. Any areas of concern are addressed in monthly meetings.

Quarterly Department Goals

Quarterly goals for improvement submitted to Medical Ancillary Committee quarterly, utilizing APIE format.

Screening Guidelines

Quality Resources department does an audit of dietary screening for all new admits, and submits it to Chief Clinical Dietitian. This information documents the dates that the patient is admitted, date that dietary screened and the date of the dietitian signature if abnormal screen.

Food Service Audit

Seven different monitors are reported monthly by the Dietetic Technician regarding food and refrigerator temperatures, tray and snack audits, med juice and meal card compliance. This information is posted monthly in the main kitchen, and to the Clinical Dietitians.